

**Testimony on House Bill 2627**  
presented to  
**House Committee on Health and Human Services**  
by  
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Chairman Hawkins and members of the Committee, thank you for this opportunity to appear before you today to speak in support of HB 2627.

HB 2627 transfers the regulatory authority for maternity centers, as defined in K.S.A. 65-503, from the Child Care Act, K.S.A. 65-501 et seq., to the Kansas Medical Facilities Survey and Construction Act, K.S.A. 65-410 et seq.

KDHE is the state agency with the statutory authority to license maternity centers. Regulatory oversight of these facilities, including foundational health and safety regulations, is intended to reduce the risk of predictable harm to a woman and infant during a pregnancy and delivery. Maternity centers are intended to provide a home-like setting as an alternative for labor and delivery. By definition, the centers provide delivery services to women who have experienced a normal, uncomplicated pregnancy. Maternity centers are not located in hospitals; however, health care is provided before, during, and after pregnancy.

KDHE administratively transferred the regulatory oversight of maternity centers, also known as birth centers, from the Bureau of Family Health, Child Care Licensing (CCL) Program to the Bureau of Community Health Systems, Health Facilities Program effective July 1, 2015. The Health Facilities Program survey team includes staff such as Registered Nurses that possess the essential credentials, expertise, and experience needed to assess levels of risk as well as evaluate standards of care, scope of practice, and compliance with the maternity center regulations.

KDHE believes placing the statutory authority within the Kansas Medical Facilities Survey and Construction Act and removing the references to maternity centers from the Child Care Act ensures public protections and provides the regulated community access to the technical knowledge and support necessary to achieve and maintain compliance. There are currently four licensed maternity centers in Kansas.

KDHE views this legislation as necessary to protect the health, safety, and well-being of patients. The legislation does not change or increase regulatory requirements in any way. The existing set of regulations governing maternity centers applies; therefore, the legislation will not affect existing facilities. As currently defined in K.S.A. 65-503(g), a maternity center is not considered to be a medical care facility, and transfer of authority does not change the facility type.

KDHE solicited input from licensed facilities concerning the proposed legislation. Positive feedback was received, and no concerns were identified.

Thank you for the opportunity to appear before you to explain the benefits of this bill. I will now stand for questions.